

Attachment to Informational Notice

Billing for Psychiatric Services for Children and Adolescents Enrolled in the Screening, Assessment and Support Services (SASS) Program

Physician psychiatric procedures covered through the SASS program,¹ effective 07/01/2005

Place of service		CPT ² code	Description	Rate
Hospital Inpatient	Outpatient			
Yes	Yes	90801	Psychiatric diagnostic interview examination	\$ 67.50
Yes	Yes	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	\$ 27.55
Yes	No ³	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive; in an office or outpatient facility; approximately 20 to 30 minutes; face-to-face with the patient; with medical evaluation and management services	\$ 30.90
Yes	No ³	90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive; in an office or outpatient facility; approximately 75 to 80 minutes; face-to-face with the patient; with medical evaluation and management services	\$ 67.50
Yes	No ³	90811	Individual psychotherapy, interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication; in an office or outpatient facility; approximately 20 to 30 minutes; face-to-face with the patient; with medical evaluation and management services	\$ 34.85
Yes	No ³	90813	Individual psychotherapy, interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication; in an office or outpatient facility; approximately 45 to 50 minutes; face-to-face with the patient; with medical evaluation and management services	\$ 47.50
Yes	No ³	90827	Individual psychotherapy, interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication; in an inpatient hospital, partial hospital, or residential care setting; approximately 45 to 50 minutes; face-to-face with the patient; with medical evaluation and management services	\$ 48.65
Yes	No ³	90862	Pharmacologic management, including prescription, use, and review of medication with no more than with minimal medical psychotherapy	\$ 22.45
Yes	No ⁴	90870	Electroconvulsive therapy (includes necessary monitoring); single seizure (This procedure must have prior approval from DHS clinical psychiatrist)	\$ 44.40
Yes	No ³	90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated for medical diagnostic purposes	Hand-priced

¹ These procedures are covered currently as physician services available to individuals enrolled in the Medicaid/KidCare programs. This change extends coverage to children and adolescents enrolled in the SASS program who are not enrolled in Medicaid/KidCare.

² *Current Procedural Terminology.*

³ While not covered as a physician service, a physician, working with and through a community mental health center, may provide this service and the community mental health center may be reimbursed in accordance with 59 Ill. Admin. Code 132.

⁴ This procedure is only covered as an inpatient procedure with prior approval from DHS C&A clinical psychiatrist.